

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

10-670242

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2	1	1	1	1		
3		1		1		
4		3		3		
5		3		3		
6		3		3		
7		1		1		
8		1		1		
9		1		1		
10		3		3		
11		3		3		
12	1		1			
13		1		1		
14	1		1			
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16	1		1			
17	1		1			
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TOTAL IND.	5		5			
TOTAL DEP.	30		30			
TOTAL CLAIMS	35		35			

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